

PERSISTENT DARK DISCOLORATION AFTER DETORSION OF OVARY NOT AN INDICATION FOR OOPHORECTOMY- A CASE REPORT OF LAPAROSCOPIC DETORSION OF OVARY IN A PREGNANT FEMALE IN MID TRIMESTER WITH A FOLLOW UP IN THE THIRD TRIMESTER
A CASE REPORT, LATIFA HOSPITAL, DUBAI, UAE
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OBJECTIVE

- The risk of ovarian torsion is approximately 5 in 10,000 in pregnancy(1).
- While the traditional approach is oophorectomy, we present a case where although ovarian tissue appeared dark and didn't restore normal color, it completely regained blood supply afterwards.

CASE REPORT

- A 37 year female 20 weeks pregnant attended with right sided abdominal pain diagnosed to have right sided ovarian torsion, consent was taken for diagnostic laparoscopy and detorsion of ovary and the patient was taken for surgery.
- Intra-operative findings were an enlarged right ovary 4-5 cm twisted with the right tube around the right ovarian ligament once. Both right ovary and tube were darkish in color which didn't change after untwisting the right ovary and waiting for 45 minutes. As she hadn't consented for oophorectomy, the right adnexa was untwisted and the ovarian ligament plicated.
- Patient had regular antenatal follow up. At 34 weeks she was delivered by Cesarean section in view of Severe Pre-eclampsia.

- After closure of the uterus both the ovaries were visualized which appeared normal in color.

Discussion

- Traditionally as the black-bluish ovary was assumed to be nonviable the adnexa was removed and detorsion was avoided for fear of embolic phenomena from thrombi from the infarcted vessels of the detorted pedicle.
- Emerging data suggests otherwise. Several studies conclude that Laparoscopic detorsion of twisted ischemic hemorrhagic adnexa is safe with minimal postoperative morbidity and potential for the ovary to recuperate fully with preservation of normal function(2) (3), recommending "adnexal-sparing" approach instead of the traditional salpingo-oophorectomy in young women with twisted ischemic adnexa.(4)

Conclusion

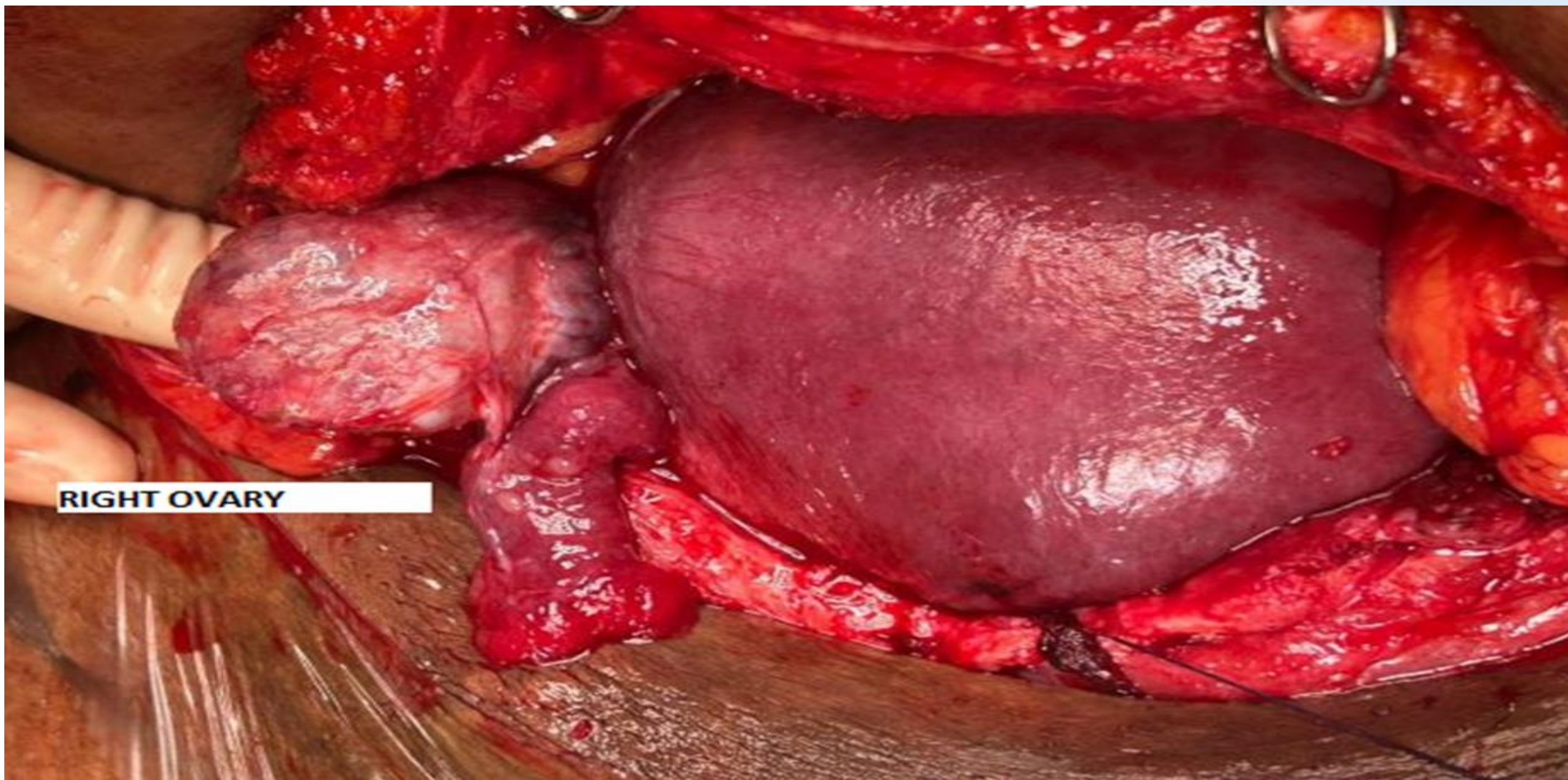
- Our case report builds up on the evidence that a conservative approach of detorsion may help in conserving ovarian tissue.



1: Right ovary at entry



2: Right ovary 45 minutes after detorsion



3: Right ovary at Cesarean section

References:

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